

Child's Name _____

Enrollment Application

Child		
Last Name	First Name	Office Use
Birth day: Month	Day	Year
<input type="checkbox"/> Male <input type="checkbox"/> Female		Enrollment Date
Address:		Withdrawal Date
Street		Starting Room
City		
State Zip		
		Rate

Parent	
1 st Parent	2 nd Parent
Account will be listed on this parent's name	
Last Name _____ First Name _____	Last Name _____ First Name _____
Street _____	Street _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Work Phone _____	Work Phone _____
Place of Employment _____	Place of Employment _____
Address of Employment _____	Address of Employment _____
Normal Work Hours _____	Normal Work Hours _____
Email _____	Email _____

Child's Legal Guardians Both Parents Mother Father Other

Child's Living Arrangements Both Parents Mother Father Other

Water Activities – I hereby Give Do not give consent for my child to participate in Splash Pad Water Table Play

Expected Care Schedule Mon Tues Wed Thurs Fri Hours: From _____ to _____

Note: Part-time care for 2 yrs and up ONLY.

School Age Children

Expected Care Schedule Before After Before & After Summer

School Attended: _____ Grade: _____ Teacher: _____

Circle the meals normally served to your child in the center:

Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack	Initials
I understand and Agree to the following policies						
A Non-refundable Registration fee of \$100 (\$150 per family) is required upon enrollment and annually thereafter. Another Registration fee will be due if the child is withdrawn and then re-enrolls.						
Tuition is due Friday before the upcoming week. Tuition not paid by Tuesday will incur a \$15 late fee. An additional \$15 late fee may be applied if not paid by Thursday.						
There are no deductions for holidays or partial week attendance from the weekly tuition rate						
A \$30 fee will be charged for all returned checks.						
A two week written notice is required when withdrawing. The notice must be given to the front desk office staff. A charge of up to two weeks tuition will be incurred for improper notification						
I agree to pay the current weekly tuition rate throughout my child's enrollment including the two week withdrawal notice period.						

Emergency Permission

List any **allergies** or **special diets** your child has (if none, write "NONE"): _____

Please explain the **reaction** your child has if he/she comes in contact with or ingests the item(s) listed above.

List any special problems that your child may have, such as existing illness, previous serious illness, injuries and/or hospitalizations during the past twelve months, medication prescribed for long-term continuous use, and any other information in which caregivers should be aware. If none write "NONE": _____

Medical Treatment Consent

I, _____, allow Foundations Academy to seek medical attention for _____
(Parent, Legal Guardian) (Child)
 in the event of an emergency if I cannot be reached. I hold Foundations Academy harmless and release Foundations Academy from all liability. I further agree to keep the facility informed of changes in telephone numbers, etc. where I can be reached.

Parent Signature _____ Date _____

Child's Physician Information

Dr. _____

Phone # _____

Street _____

City, State, Zip _____

The emergency medical procedure for Foundations Academy will be:

- Call emergency medical team, if necessary
- Contact Parent or other emergency contacts
- Have emergency medical team transport child to nearest hospital
- Medical attention will be sought from the doctor on call at:

Cypress Fairbanks Medical Center Hospital
10655 Steepletop Drive, Houston, TX 77065
(281) 890-4285

Emergency Contacts

The persons listed below may be contacted in the event of an emergency AND are authorized to pick up this child with proper identification. We must have the Parent/Guardian and at least one other contact listed.

Name	Relationship	Primary Phone	2 nd Phone	Address
	<i>1st Parent</i>			
	<i>2nd Parent</i>			

Health Information

Infants through Private Kindergarten Only

To be filled out by Child's Physician:

<p>I have examined the above named within the past year and find that he/she is able to take part in the child care program.</p> <p>Physician's Name: _____</p> <p>Street: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Phone Number: _____</p> <p>Physician's Signature: _____ Date: _____</p>	<p>Status of:</p> <p>Vision _____</p> <p>Hearing _____</p>
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To be filled out by Child's parent/guardian (if the above box is not signed)

<p>My child has been examined within the past year by a health professional and is able to participate in the child care program. Within one (1) week of admission, I will obtain a health care professional's signed statement and will submit it to Foundations Academy.</p> <p>Parent/Guardian's Signature: _____ Date: _____</p>
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I understand that Foundations Academy is required to retain a copy of my child's updated shot records.

A copy must be submitted with this enrollment package. I also understand that if my child's shot records are not up to date, I will be sure my child receives the appropriate immunizations within the timeframe set by Foundations Academy.

School Age Children

My Child has a current immunization record and Vision & Hearing screening record on file at the following school:

<input type="checkbox"/>	Birkes Elementary 8500 Queenston Blvd Houston, TX 77095	(281) 345-3300
<input type="checkbox"/>	Copeland Elementary 18018 Forest Heights Dr Houston, TX 77095	(281) 856-1400
<input type="checkbox"/>	Warner Elementary 10400 Warner Smith Blvd Cypress, TX 77433	(281) 213-1650
<input type="checkbox"/>	Andre Elementary 8111 Fry Road Cypress, TX 77433	(281) 463-5500
<input type="checkbox"/>	Postma Elementary 18425 West Road Cypress, TX 77433	(281) 345-3660
<input type="checkbox"/>	Ault Elementary 21010 Maple Village Dr Cypress, TX 77433	(281) 373-2800
<input type="checkbox"/>	Keith Elementary 20550 Fairfield Green Cypress, TX 77433	(281) 213-1744
<input type="checkbox"/>	Rennell Elementary 19500 Tuckerton Blvd. Cypress, TX 77433	(281) 213-1550
<input type="checkbox"/>	Other: _____	_____

Transportation Agreement

I, _____, allow Foundations Academy to transport my child, _____
 (Parent, Legal Guardian) (Child)

for the following reasons:

To School Name of School: _____ Begins at: _____ am
 From School Name of School: _____ Ends at: _____ pm
 Field Trips Individual permission forms will also be signed for each trip
 Emergencies

School Age Children Only
 Yes, I received a copy of the rules that my child is expected to follow while being transported. I will review these rules with my child.

TRANSPORTATION GUIDELINES

- It is vital that Foundations Academy be notified of any changes in the above scheduled transportation. We will assume that the above schedule will be followed unless we receive different instructions from the parent/guardian. **Notify us as quickly as possible if your child does not need afternoon transportation.** Failure to notify us of changes in afternoon pickup causes confusion and delays in our schedule while we learn the whereabouts of your child. Failure to adhere to this policy may result in a \$10 charge to your account.
- In the event that the designated location is unable to receive children, they will be returned to Foundations Academy.
- Children will not be left unattended in any vehicle used for transportation.
- Children will wear seat belts.
- **Your child must be at the center no later than 7:20am to be transported to school in the mornings.** If your child needs breakfast, he/she needs to be here by 7:15am.

Photo Release

I hereby assign and grant to the photographer, or those for whom the photographer is acting as indicated above, the right and permission to copyright and/or use and/or publish, and republish, photographic pictures and portraits of the minor named below in which said minor may be included in whole or in part, in color or black and white, made through any media by the photographer at his studio or elsewhere, including the use of any printed matter in conjunction with such photographs.

I hereby waive my right to inspect and/or approve the finished photograph or advertising copy or printed matter that may be used in conjunction with such photographs, or to the eventual use that it might be applied.

I hereby release and discharge the above, its assigns, and all persons acting under its permission or authority or those for whom it is acting, from and against any liability as a result of any distortion, blurring, alteration, or optical illusion that may occur in the taking of the picture, or processing or reproduction of finished product.

I hereby warrant that I am of full age and competent to contract for the minor named below in so far as the above is concerned. I have read the foregoing release and warrant that I fully understand the contents thereof.

 Minor's Name Signature of Parent or Guardian

 PRINTED NAME PRINTED NAME

INTERNET RELEASE

Technology allows Foundations Academy to give parents the opportunity to monitor their child's classroom through computers, video and the Internet. By enrolling your child in Foundations Academy, you agree to allow your child's image to be on the Internet.

To access this service certain standards must be maintained at all times:

1. Access Codes (issued to those parents wishing to avail themselves of this service) are used to limit access to the images of our children, but you should realize that this system works through the Internet. Authorized access permits access by that person to the images of all children within the field of view of the camera, including your child, whose image cannot be excluded, even if you choose not to utilize this internet service.

2. You agree not to (or permit any other person to) divulge, reproduce, print or save, in any way or on any medium, any images, prints or video images of any portion of the Center's premises or any of the Center's children without prior consent of the Center. This involves security of the Center and the children and should always be observed.

3. Unauthorized access to the image of your child could occur as a result of a breach of the Internet or a breach of security by holders of Access Codes. Although all available measures are taken to prevent any unauthorized access, this is beyond the Center's control, and we do not guarantee against such unauthorized access.

4. You agree that our method of assigning Access Codes and maintaining the confidentiality of such codes, so long as conducted in a manner consistent with usual, ordinary and reasonable business practices, shall be all that is required of the Center in safeguarding your children's video images, and that no other or different safeguards of internet video images of the children or the premises shall be expected or required of the Center.

5. You agree that only yourself and those persons, if any, listed below shall be given an Access Code. You agree that it is solely your responsibility to instruct each such person regarding the provisions of this Agreement and to take from each such person their express agreement to:

a. not divulge the Access Code to any other person

b. abide by all the provisions of this agreement.

Listed below are persons (first and last names) for whom Access Codes are requested:

a) _____ b) _____ c) _____

6. Your signature below constitutes affirmation of your full and voluntary understanding and acceptance of these conditions with respect to your children, your express waiver of all Rights of Privacy in connection therewith, as well as your agreement that you expressly assume all risks involved in furnishing such images, and your release of the Center from any and all liability for any damage of any nature arising or resulting from its furnishing of this service, whether negligent or not.

I hereby warrant that I am of full age and competent to contract for the minor named below in so far as the above is concerned. I have read the foregoing release and warrant that I fully understand the contents thereof.

CHILD PROFILE

1. Has your child had previous preschool experiences? Yes No
Explain. _____

2. What would you like most for your child to experience with us?

3. What are some of your child's interests?

4. Does your child have any particular fears?

5. Does your child play well with other children? Yes No Not Sure

6. List the names and ages of other children in your family.

7. Does your child take a nap? Yes No How long? _____
At Foundations Academy, there is a daily quiet time when children are expected to nap. If they are unable to nap, they will read or work on a quiet activity during that time.

8. What is the primary language spoken in your home? _____

9. For Children Age 2 – 4: Is your child potty trained? Yes No
If no, what stage is he/she in?

10. How did you hear about us? _____

POLICIES AND PROCEDURES

1. Foundations Academy does **not** have the right to withhold a child from any parent having custody or joint custody. If there is a current court order stating that one parent does not have access to a child, we must have a copy in the child's file. We cannot deny any parent access to their child without such an order. The center cannot become involved in custody disputes, and a child will be disenrolled if such disputes occur.

2. I understand that one free week of vacation credit per year will be given after 6 months of enrollment. The front office staff must be notified at least 2 weeks in advance that my child will be absent for all five consecutive days (Monday through Friday). The vacation credit week cannot be carried over to the next year. Once the credit is used, full tuition is to be paid whether my child is in attendance or not. Vacation request forms are available for me to complete at the front desk.

3. I understand that it is my responsibility to escort my child into and out of the center. I also must daily sign my child in and out of the school at the front desk. I understand that staff members will escort my child into the center when being transported by the school district or Foundations Academy transportation.

4. If my child wears diapers, I understand I am to provide them. Only disposable diapers are permitted in the school.

5. I understand I am totally responsible for any food not on the menu required by my child. This is a peanut free school; no peanut products or traces of peanut products may be in foods brought in the school. Gum, candy, sodas and non-nutritional foods should not be brought. **All outside food must be approved by Foundations Academy.** If my child's diet consists of formula taken from a bottle, I understand I will provide the appropriate number of prepared bottles containing the formula necessary for my child each day. Each bottle will be clearly labeled with my child's full name.

6. I understand that if my child is ill, including but not limited to: a severe cough or sore throat, undetermined rash or spots, temperature over 100 degrees, severe headaches, upset stomach, pink eye or diarrhea, he/she cannot be accepted into the center until well. **Children must be fever free for 24 hours** (without fever reducing medications) before returning to the school. In the event my child has a communicable disease, a release from a medical source may be required before my child reenters the school. If my child has a reportable disease, I will notify Foundations Academy as soon as possible and the school will notify all others that a reportable disease has been introduced into the school while maintaining my child's confidentiality.

7. I understand that the center has a specific policy regarding the administration of medication. I agree to provide the center with all required information in accordance with this policy. The school reserves the right to administer medicines only as prescribed by a licensed physician including over the counter drugs.

8. I understand it is my responsibility to keep the school advised of changes of address, phone numbers, and contacts.

9. I understand the school closes at 6:30 pm and my child must be picked up by that time. A late fee of \$1 per minute per child will be charged after 6:30 pm. If I have not picked up my child by 7:00 pm and all attempts to contact me and all my emergency contacts fail, Foundations Academy is obligated to call Family Protective Services and the Police.

I have read and understand the above statements. I have received and agree to abide by all policies and procedures of Foundations Academy as outlined in this agreement and the Parent Handbook.

Discipline and Guidance Policy for Foundations Academy

- ◆ Discipline must be:
 - (1) Individualized and consistent for each child;
 - (2) Appropriate to the child's level of understanding; and
 - (3) Directed toward teaching the child acceptable behavior and self-control.

- ◆ A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:
 - (1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
 - (2) Reminding a child of behavior expectations daily by using clear, positive statements;
 - (3) Redirecting behavior using positive statements; and
 - (4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

- ◆ There must be no harsh, cruel, or unusual treatments of any child. The following types of discipline and guidance are prohibited:
 - (1) Corporal punishment or threats of corporal punishment;
 - (2) Punishment associated with food, naps, or toilet training;
 - (3) Pinching, shaking, or biting a child;
 - (4) Hitting a child with a hand or instrument;
 - (5) Putting anything in or on a child's mouth;
 - (6) Humiliating, ridiculing, rejecting, or yelling at a child;
 - (7) Subjecting a child to harsh, abusive, or profane language;
 - (8) Placing a child in a locked or dark room, bathroom, or closet with the door closed; and
 - (9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

My signature verifies I have read and received a copy of this discipline and guidance policy.

Signature

Date

Check one please:

- Parent/Guardian
 Employee/Caregiver
 Household member of child-care home

Dear Parents,

In accordance with the Texas Structural Pest Control Act, Foundations Academy wishes to notify you that, in addition to routine cleaning and maintenance, pesticides are periodically applied indoor for the purpose of making the center unfavorable for pests. It is Foundations Academy's goal to have the least toxic products used when possible and to use chemicals only when necessary to eliminate a pest problem.

Areas in which pesticides are used will be secured against access as necessary for the period specified for the product, and all precautions found on the pesticide product label will taken into account.

At least 48 hours before any scheduled indoor pesticide use, a Notice of Pest Control Treatment will be posted in an area of common access in the center. In addition, a pest control information sheet will be available to anyone who requests it. You can request this notification by contacting the Director of Operations and providing your name, address, and daytime phone number.

If you have any questions or want more information, please feel free to contact the Director of Operations at 281-758-3535.

Sincerely,

Myra Grubbs

Director of Operations

ACH Authorization Form

* A voided check must accompany this form *

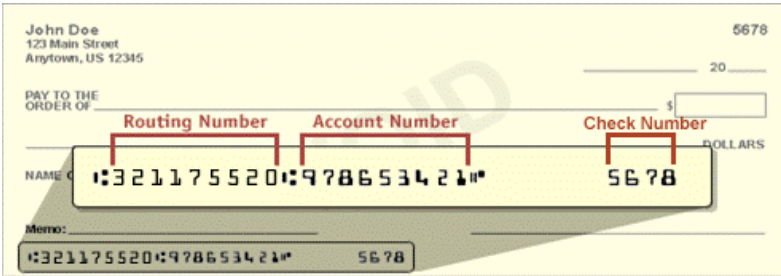
Name: _____

Address: _____

Bank Name: _____ Bank City/State: _____

Account Number: _____

Routing Number: _____



Frequency: weekly monthly (pulled the 1st Friday of each month)

The amount to be withdrawn will exactly match tuition and fees due and may vary each period. Fees may include early elementary dismissal /no school, late pickups, field trips, annual registration, etc.

Date of initial authorization: _____

Withdrawals will be made on the Friday prior to the week's tuition and fees it will cover. If the Friday falls on a holiday, then the withdrawal will be taken on the first non-holiday business day that falls before the scheduled withdrawal date.

_____ authorizes Foundations Academy to initiate ACH transactions to the account identified herein for payment of tuition and fees. This authorization shall remain in effect unless and until Foundations Academy has received written notification that this authorization has been terminated in such time and manner to allow Foundations Academy to act. By signing this form the person executing this release is stating that the above information is true and correct.

Account Owner Signature

Date

Child(ren)'s Name(s)